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STATE OF WISCONSIN
Division of Hearings and Appeals

In the Matter of

DECISION

MPA- 173944

PRELIMINARY RECITALS

On April 26, 2016, the above petitioner filed a hearing request under Wis. Stat. § 49.45(5), and Wis. Admin. Code § HA 3.03(1), to challenge a decision by the Division of Health Care Access and Accountability regarding Medical Assistance. The hearing was held on June 28, 2016, by telephone..

The issue for determination is whether the Department correctly denied the petitioner's Request for a partial denture.

There appeared at that time the following persons:

PARTIES IN INTEREST:

Petitioner:

[REDACTED]
[REDACTED]
[REDACTED]

Respondent:

Department of Health Services

[REDACTED]
Division of Health Care Access and
Accountability
PO Box 309
Madison, WI 53701-0309

ADMINISTRATIVE LAW JUDGE:

Corinne Balter

Division of Hearings and Appeals

FINDINGS OF FACT

1. The petitioner (CARES # [REDACTED]) is a resident of Milwaukee County.
2. On March 17, 2016 the petitioner's dental provider submitted a medical prior authorization request for a maxillary partial denture.
3. The petitioner is missing teeth numbers 1, 8, and 16. Tooth number 8 is one of her front teeth.

4. The petitioner's provider submitted a perio chart showing the condition of the petitioner's gums. The petitioner's has pocket depths of 6, 7, and 8. She has a few pocket depths of 9.
5. On March 29, 2016 the Department sent the petitioner a notice stating that they denied her prior authorization request for a partial denture.
6. On April 28, 2016 the Division of Hearings and Appeals received the petitioner's Request for Fair Hearing.

DISCUSSION

The Department may only reimburse providers for medically necessary and appropriate health care services and equipment listed in Wis. Stat. §§ 49.46(2) and 49.47(6)(a), as implemented by Wis. Admin. Code Ch. DHS 107. Some services and equipment are covered if a prior authorization request is submitted and approved by the DHCAA in advance of receiving the service. The MA program covers dentures for members with good oral health and hygiene, good periodontal health, and a favorable prognosis where continuous deterioration of teeth and periodontal health is not expected. A member qualifies for partial dentures if any of the following criteria are met:

- One or more anterior teeth are missing.
- The member has less than two posterior teeth per quadrant in occlusion with the opposing quadrant.
- The member has at least six missing teeth per arch, including third molars.
- A combination of one or more anterior teeth are missing, and the member has less than two posterior teeth per quadrant in occlusion with the opposing quadrant.
- The member requires replacement of anterior teeth for employment reasons.
- Medically necessary for nutritional reasons documented by a physician.
- Unusual clinical situations where a partial is determined to be necessary based on a comprehensive review of the dental and medical histories.

The Department denied the petitioner's request because the member's periodontal health was not sufficient to qualify her for a partial denture. Partial dentures are typically not covered for patients with Periodontitis.

This is a difficult case. Even though the petitioner's periodontal health is poor, she is only missing three teeth. Generally if a person's periodontal health is so poor that the person does not qualify for a partial denture, the alternative is to pull the remaining teeth to make room for a full denture. It is more common for people with periodontal disease to be missing more than three teeth. If there are only a few teeth remaining, this is a viable option. Here, the petitioner is only missing three teeth. One missing tooth is her upper front tooth. This causes employment issues for the petitioner.

Following the hearing, I e-mailed [REDACTED]. [REDACTED] had sent a letter in lieu of his appearance for the hearing. [REDACTED] responded stating that the petitioner's options are bad and worse. He was not opposed to approving this partial denture; however, he also stated that given the petitioner's periodontal health she will likely lose more teeth. Partial dentures can only be approved every five years. I am going to approve this prior authorization request. That said another partial denture will not likely be approved if requested in the next five years.

Per the perio charting, the two teeth next to the missing front tooth have pocket depths of 9. The petitioner may want to speak to her dental provider about how he can make this partial last for five years. Perhaps he can remove a few of the most problematic teeth that are likely to fall out due to the periodontal disease. There may be other alternatives that the provider could suggest.

As a point of information to the petitioner, I attempted to copy her on my e-mail to the Department's dentist. The e-mail address that I used came back as undeliverable. I have sent a copy of the e-mails to the petitioner

separately. This was discussed at the hearing, and she gave me permission to contact the Department as long as she was given a copy of the communication.

I note to the petitioner that the provider will not receive a copy of this Decision. In order to have the dentures approved the petitioner must provide a copy of this Decision to the provider. Then, the provider must submit a *new* prior authorization request to receive the approved coverage.

CONCLUSIONS OF LAW

The Department incorrectly denied the petitioner's request for a lower partial denture.

THEREFORE, it is

ORDERED

That the petitioner's provider is hereby authorized to provide the petitioner with a Partial denture, and to submit its claim, along with a copy of this Decision and a new prior authorization request, to ForwardHealth for payment. In all other respects, the petition is dismissed.

REQUEST FOR A REHEARING

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

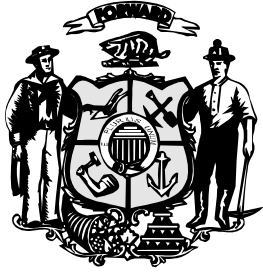
APPEAL TO COURT

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, **and** on those identified in this decision as "PARTIES IN INTEREST" **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Milwaukee,
Wisconsin, this 12th day of July, 2016

\s_____
Corinne Balter
Administrative Law Judge
Division of Hearings and Appeals



State of Wisconsin\DIVISION OF HEARINGS AND APPEALS

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The preceding decision was sent to the following parties on July 12, 2016.

Division of Health Care Access and Accountability